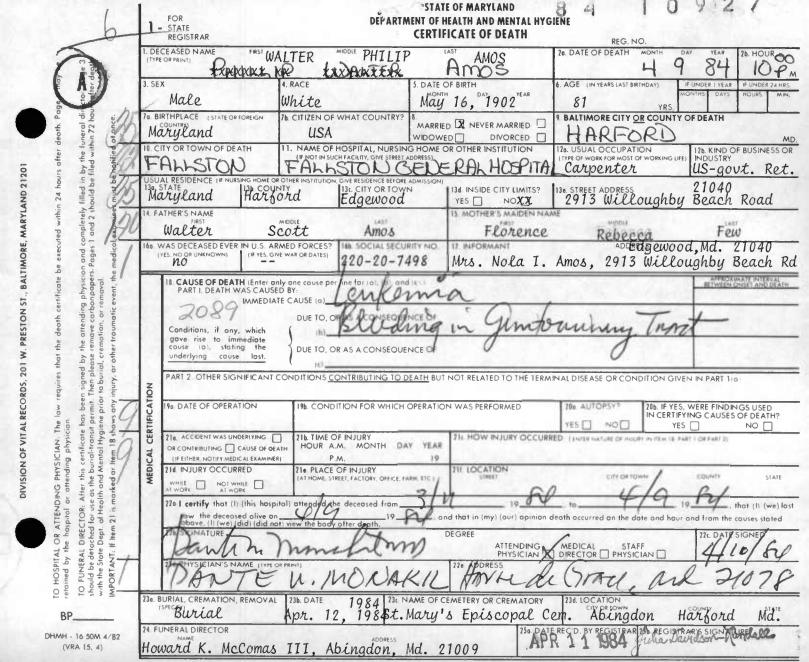
to	HB	1 -	FOR STATE REGISTRAR				ARTMENT O		ARYLAND AND MENTAL H OF DEATH		8 REG.	4) NO.	10	9 2
» pe	1		EASED NAME	-HA1	0.00	Willia	am #	AD F	HUS		April	MONTH (1984	26 HOUR 1:00 M
4 moy	(A)	3 SEX			4. RACE			E OF BIRTH	DAY YEAR	_	(IN YEARS LAST E		FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
900		-	ale		Cauca		Au	gust	20, 19		38	YRS.		
4	neral di n 72 ho		THPLACE (STATE OR F	FOREIGN	Th CITIZEN OF	WHAT COUN	MAR	RIED K	EVER MARRIED	9. BAL	TIMORE CITY			
000	and a	10 CI	Y OR TOWN OF DEA	A.T.U.	U.S.	HOSPITAL NI		WED THE	DIVORCED [120 115	H SUAL OCCUPA	arford		MD. OF BUSINESS OR
s offer	by the filed with	Ja	rrettsvi	ille	4008	Fede:	ral H	i 1 1 F	Rd.	(TYPE C	Clerk		Soci	
and 21.	tilted	13a. S	Md.	Hari	other institution	Jarr	TOWN ettsv:	LILE	SIDE CITY LIMITS?	40	REET ADDRESS	zip code leral	210 Hill	84 Rd
makit.	2000	/ c	harles	Ben	edict		ams		May	NAME	Doris		Rad	er
De execu	S. Page.		(AS DECEASED EVER ES, NOORUNKNOWN)		MED FORCES? WAR OR DATES)		46-23		ormant DAnn De	Cola		ress same		bove
(DS, 201 W. PRESION SI., BA	signed by the attending physics. Then please remove carbanpaper to buriol, cremation, or removol. njury, or ather traumatic event, th	NO	PART 2 OTHER SIGN	, which mediate ing the	DBY: E CAUSE (o) DUE TO, O (b) DUE TO, O (c)	Oat DR AS A CONS	CE()	F		PN C		NDITION GIV		MATE INTERVAL ONSELAND DEATH
NG PHYSICIAN: The law requir	te hos been sit permit. I giene prior shows ony ii	CERTIFICATION	19a DATE OF OPERA			ITION FOR W	HICH OPERA			YES		IN CERTIF	, WERE FINDIN YING CAUSES	
SICIAN	ding physicion. s certificate hos burial-transit pe Mental Hygiene or item 18 shows	MEDICAL CE	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEA				AR 9	OW INJURY OCC	URRED (E	NTER NATURE OF IN	BURY IN ITEM 18 P.	ART 1 OR PART 2)	
DISIANS OF	After this e os the bu	MEDI	21d. INJURY OCCURI	THE	21e. PLACE (AT HOME, ST	OF INJURY FREET, FACTORY, O	OFFICE, FARM ETC	211 10	STREET		CITY OR	IOWN	COUNTY	STATE
ATTENDI	pital TOR: for us af He		220 I certify that (I) saw the decease above, (I) (we) (c	ed alive on	4/	he deceased f	19 84	, and that i	n (my) (our) opini		ccurred on the	date and hou		that (I) (we) last causes stated
AL O	by the haspi ERAL DIRECTI e detoched fo State Dept. at ANT: If them 2		276 SIGNATURE	/ (h	D		DEGREE) ATTENDING PHYSICIAN			AFF ICIAN D	27c. DATE	23
	erained by the has TO FUNERAL DIREC should be detoched with the State Dept.		Richard	AME LIVE OF	Mbin.	der			DDRESS					
-		23a. B	URIAL, CREMATION,		23b. DATE	1011	17.		Y OR CREMATOR		LOCATION	da a = T	COUNTY	SIAIE
E	BP	24 51	Buria NERAL DIRECTOR	17	4/25/	/84	Park	rood	Cemete		Balton By REGIST	POREBE	LITIMO	re Md.
	H - 16 50M 4/83 (VRA 15, 4)		adden Ku	ırtz	III Ja	arret	tsvil.	le, 1		R27	1984	harter	len Alin	elle

And Andrews and the second of Mai was a salet of APRZY BBB Schucker-Spoken



4969 ABB Ellering in Handleway and Topped Level or more between the second or throng THE WAR SHOULD HAVE SECTION AND STORY

8	FOR 1 - STATE REGISTRAR	DEF	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		GIENE REG. NO.				
de 3	I. DECEASED NAME (TYPE OR PRINT)	FIRST MIDDLE	Ashlin	100	April 2 1984	HOUR M			
age 4 mo	3. SEX Female	4. RACE white	5. DATE OF BIRTH MONTH DAY NOV. /1 1843	6. AGE (IN YEARS LAST BIRT	YRS MONTHS DAYS HE	UNDER CA HRS			
01 183	JO. BIRTHPLACE (STATE OR FOR COUNTRY) IRGINIA O CITY OR TOWN OF DEAT	U.S.A.	MARRIED NEVER MARRIED WIDOWED M DIVORCED JURSING HOME OR OTHER INSTITUTION		Harford	AD. MD.			
1301	Lure de Gran	(IF NOT IN SUCH FAGILITY, GIVE	(Morial Hispital	TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY				
270	A CAROLINA I FATHER'S NAME	INCOUNTY 13c CITY OF		R+#160	X34 286	3,5			
	GEORGE 160 WAS DECEASED EVER IN	MIDDLE BYA	D MARTI	**	BROW SS 1642 LIBERTY	N GROVERD			
UTIMO UTIMO	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES) 241 (Enter only one cause per line, for rot), (86-0730 LUTHER C	,	DNINGO, MD. 21				
RDS, 201 W. PRESTON ST., adulted that the death certific author please remove surfample to buriol (cremation, or removing the prior) (cremation, or removing the prior).	Conditions, if any, signer rise to immercouse (o), stating underlying cause	MAMEDIATE CAUSE (a) DUE TO, OR A DOWN thich diote	SEQUENCE OF SEQUENCE OF GO DEATH BUT NOT RELATED TO THE	Mental DISEASE OR CONE	DITION GIVEN IN PART 110				
AL RECO	190 DATE OF OPERATION 210. ACCIDENT WAS UNDER		VHICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO		S USED DEATH?			
O PHYSICIAN C PHYSICIAN Cortending physic of the buildelion ond Meetal Hy Need or femal 8 s	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE	USE OF DEATH LEXAMINER) HOUR A.M. MONTH P.M. 210 PLACE OF INJURY LATHOME STREET FACTORY OF	H DAY YEAR 19 211 LOCATION	CURRED (ENTER NATURE OF INJUR		STATE			
DATENDEN IL OR ATTENDEN The housing or IL DIRECTOR At entacked for use or the Dept. of Health If New 21 a may	22a.1 certify that (1) (t	his haspital) attended the deceased alive an d) (did nat) view the body after death.			te and haur and fram the cau	t (I) (we) last uses stated			
TO HOSFITA CO FUNER TO FUNER T	230 BURIAL, CREMATION, RI	T. Lee.	220 ADDRESS WON 1230 NAME OF CEMETERY OF CREMATO	Moderal	Olynic Ha	vyz			
1999BP-7	(SPECIFY) BURIAL		ROUND MT. BAPTIST C	MIN OF TOWAL	WILKES 256. REGISTRAR'S SIGNATURE	N.C.			
DHMH - 16 50M 4/83 (VRA 15, 4)	FLEMING	FUNERAL SERVICE	BENSON, MD. A	PR 4 1984	helia Davidson-Man	dell			

TELOS. PEX. 3 14TH Y EXHAUST ANT CACA NO THE PROPERTY OF THE PROPERTY OF SHARE COMMENTED BY 3-1 an 5

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFYCATE OF DEATH REG. NO 20 DATE OF DEATH Joseph Balladarsch MONTH 26. HOUR DALLADARSCH IF UNDER I YEAR 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR DAYS White 10 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Machinist GEN HOSPITAL Machine

AUSTON SYDU

136 COUNTY 13d. INSIDE CITY LIMITS? Bel Air Maruland Harkord

USA

14 FATHER'S NAME Vincent John Balladarsch

166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OR UNKNOWN (IF YES CIVE WAR OR DATES)

Edmund

4. RACE

Edmund

216-01-4356

Mrs. Margaret F. Balladarsch, 300 Sunflower Dr.

Margaret

13e.STREET ADDRESS / ZIP CODE

300 Sunflower Drive

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) SHOUR PART I. DEATH WAS CAUSED BY CANDIDGENIC IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF I Conditions, if ony, which gove rise to immediate couse (o), stoting Aretray DUSE48L underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a

15. MOTHER'S MAIDEN NAME

Caroline

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

7 In ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH

MONTH DAY YEAR P.M 21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

23c NAME OF CEMETERY OR CREMATORY

200 AUTOPSY?

NON

CITY OR TOWN

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

206 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE

22a I certify that (I) (this hospital nd he deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did nath

DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN

23d LOCATION

Tre ADDRESS

wad Falent

22c DATE SIGNED

Meister

Cremation 24 FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL

226 SIGNATURE

STATE

L DECEASED NAME

LIVE OF FRINTS

Maryland

3. SEX

CERTIFICATION

190 DATE OF OPERATION

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

REGISTRAR

Male

To. BIRTHPLACE (STATE OR FOREIGN

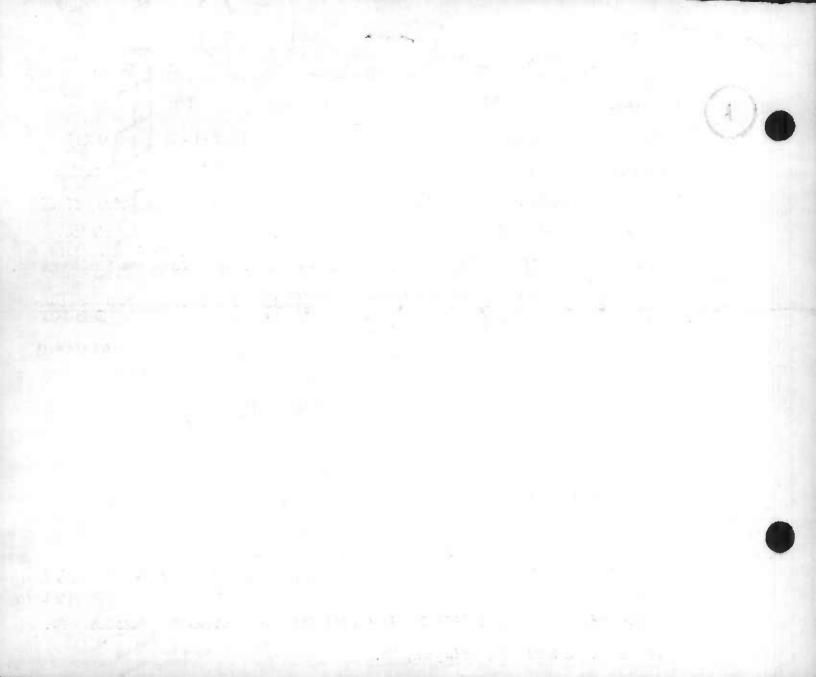
ID CITY OR TOWN OF DEATH

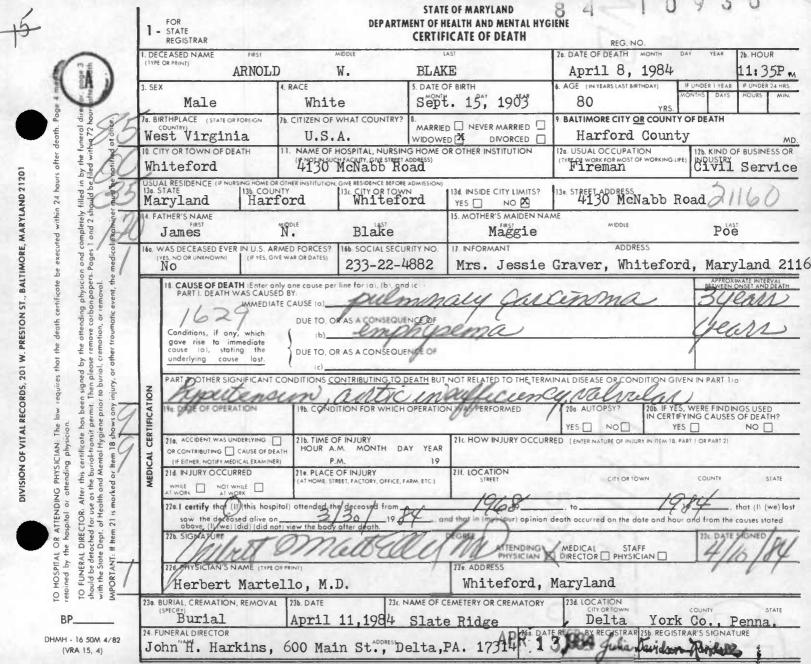
Howard K. McComas III, Abingdon, Md.

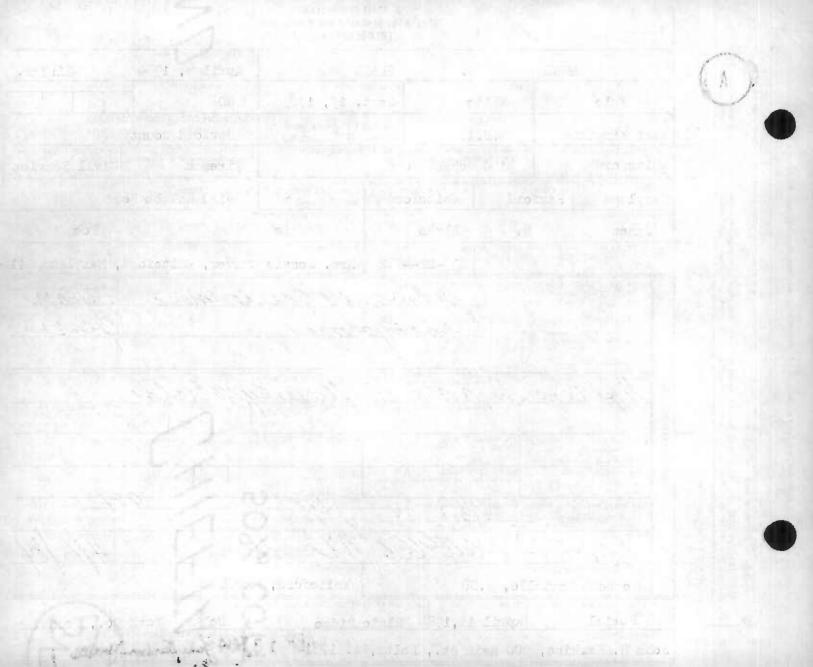
23b. DATE

Apr, 11, 1984 Cratin-Ferris Crematory W. Chester 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

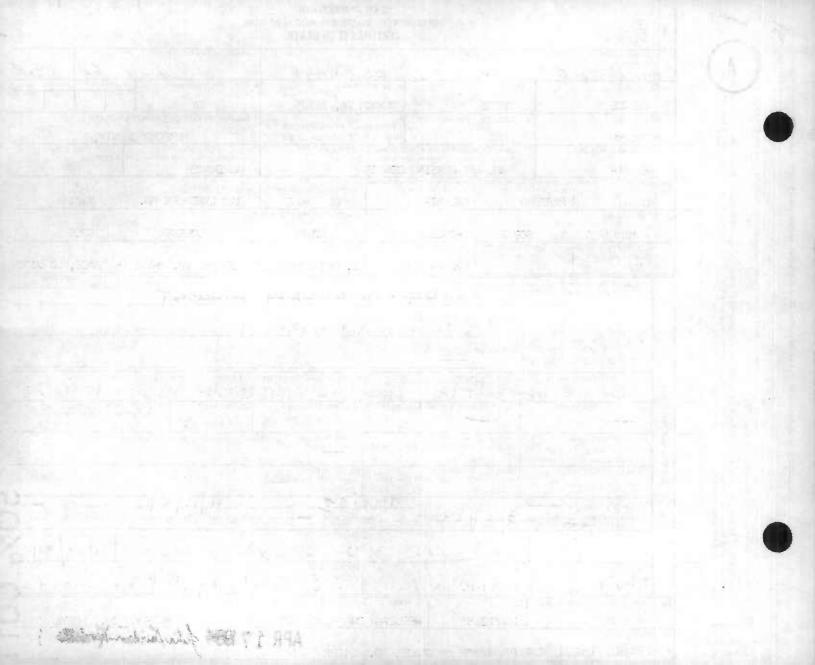
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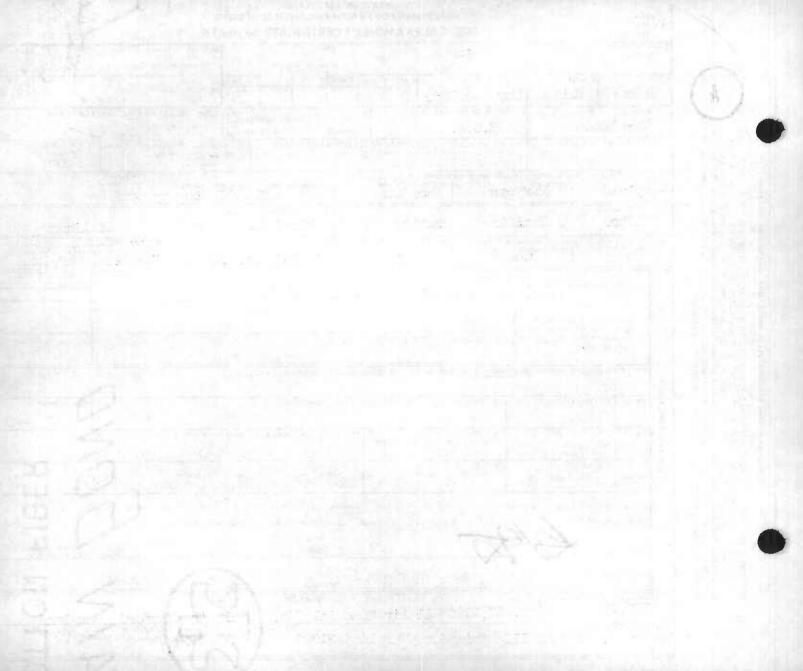




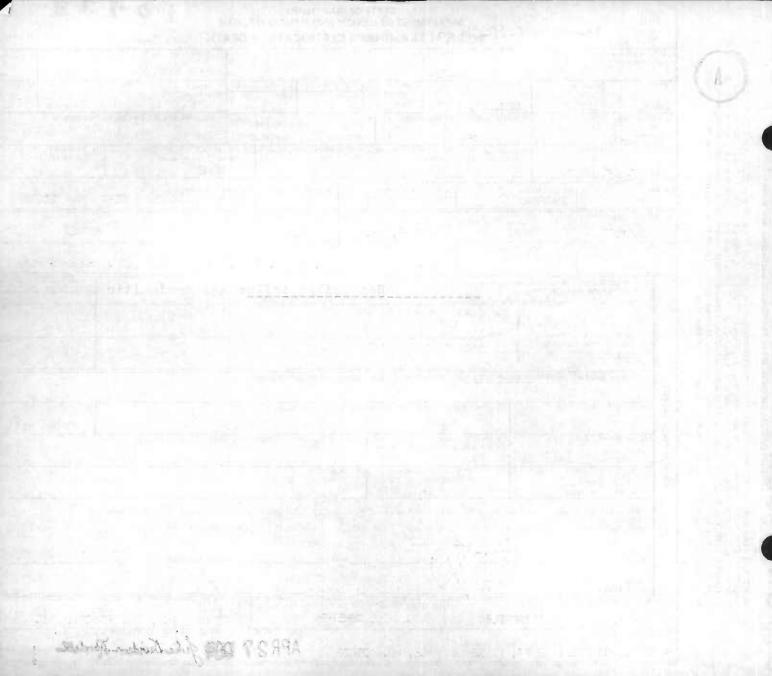


6	~	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF I	E OF MARYLAND TEALTH AND MEN FICATE OF DEA		REG. NO.	109	3/	
-	(4)		CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEATH MONT	H DAY	YEAR 21	HOUR
1	(81)	K	UNIFRE	D	COL	.E		DWMAN		4	11	84	8.25 PM
		3. SE	X .	113-11	4. RACE		5. DATE (OF BIRTH	YEAR	& AGE (IN YEARS LAST BIRTHDAY)	MONTHS		FUNDER 24 HRS
	Poge directo	1	FEMALE		WHITE			CH 24, 1890	111		YRS.		
	To hodi		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8.	D NEVER MARE	RIED 🔲	9. BALTIMORE CITY OR CO	UNTY OF D	EATH	
	Seort Seort		ARYLAND		USA		WIDOW	ED DIVOR	CED 🔲		RD COUNT		MD.
10	by the fulled with	1	ITY OR TOWN OF DEA BEL AIR		(IF NOT IN SUC BEL A	HEACILITY, GIVES	ING CENTER	OR OTHER INSTITUT	ION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOMEMAKER		L KIND OF B DUSTRY	BUSINESS OR
212	hou de in	USU 13e. :	AL RESIDENCE (IF NURS	13b. COU		13c. CITY OR		1134 INSIDE CITY L	IMITS?	13e. STREET ADDRESS		700	
AND	Fill Sold		MD	HARF	ORD	BEL AIF	?	YES X NO	Public P	122 LYNBROOK F	RD.	2101	4
RY.	d 2 sh	14. F	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MA	IDEN NAM	WIDDIE .		LAST	
W	De de de		WINFIELO		SCOTT	BAYLES		ADDIE		LOUISE		COLE	
ORE,	ond co		VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRESS			
TIM	S. Po		NO			220 46	9515	S. LEE BOW	WMAN 19	920 chapel rd. HA			MD 21078
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours	w requires that the oeen signed by the nit. Then please remriar to burial, cremo njury, ar ather the	CERTIFICATION	20	nediote g the lost.	CONDITIONS CONCENSED	TIA	EQUENCE OF	NOT RELATED TO	THE TERM	INAL DISEASE OR CONDITIONS SECTIVE 14E 200 AUTOPSY? 200, INC.	IF YES, WER	FINDING CAUSES OF	S USED F DEATH?
TAL	i. The sicion as the hygier pygier	ERT	21a. ACCIDENT WAS UND	DERLYING F	7 21b. TIME C	OF INJURY		21c HOW INJURY	YOCCURR	YES NO DE LED (ENTER NATURE OF INJURY IN IT	YES		ио 🗌
7 ×	phys phys phys phys m 18		OR CONTRIBUTING	AUSE OF DE	HOUR A.	M. MONTH		-					
NOISION	ING PHYSICIAN: The lor r attending physician. After this certificate has to so the burial-transit perrith and Amental Hygiene procked or Item 18 transit parked or Item 18 transit.	MEDICAL	21d. IN JURY OCCURE	RED	21e. PLACE	M, OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	211. LOCATION STREET		CITY OF TOWN	CC	OUNTY	STATE
ā	Afre of the mork		22e i certify that (I)		and) attended th	eldeceased fr	om 911	5 89	0	10 4/11/31	1 10	the	at (1) (and lost
	OR ATTEN e haspital DIRECTOR: ached for us Dept. of He	Į.	sow the decease obove, (1)	ed alive or	3 70	1184		nd that in (my) (opinion o	death occurred on the date or			uses stated
	TAL OR A y the hos RAL DIREC detached tote Dept. NT: If hem			di	1 Par	منا	. M	.D . ATTEN	NDING SICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		412	120
	retoined by the TO FUNERAL I Should be detoined with the Stote E IMPORTANT: If		DAVID ('ADRIN	M, OL	.D.	57 E.	Bro	adway, Bel	PAir	12-10	014
	T e E # 3 &	23e	BURIAL, CREMATION,	REMOVAL	23b. DATE		23¢ NAME OF	EMETERY OR CREA	MATORY	23d. LOCATION	COUR	NTY	STATE
	BP		BURIAL	11	14APRIL	_84	WESLEYAN	CHAPEL CEME	ETERY	HAF	RFORD CO		
DH	HMH - 16 50M 4/B2 (VRA 15, 4)		UNERAL DIRECTOR MITCHELL FUNE	RAL HO	ME PA, HA	VRE de G	RACE, MD.	21078	PR^	7.1981 9000	RAPS		b

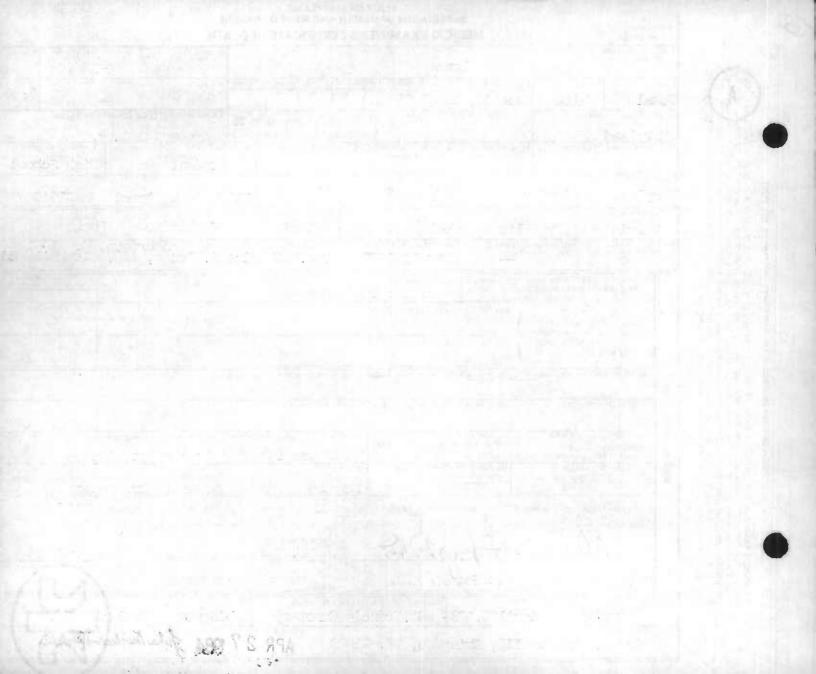




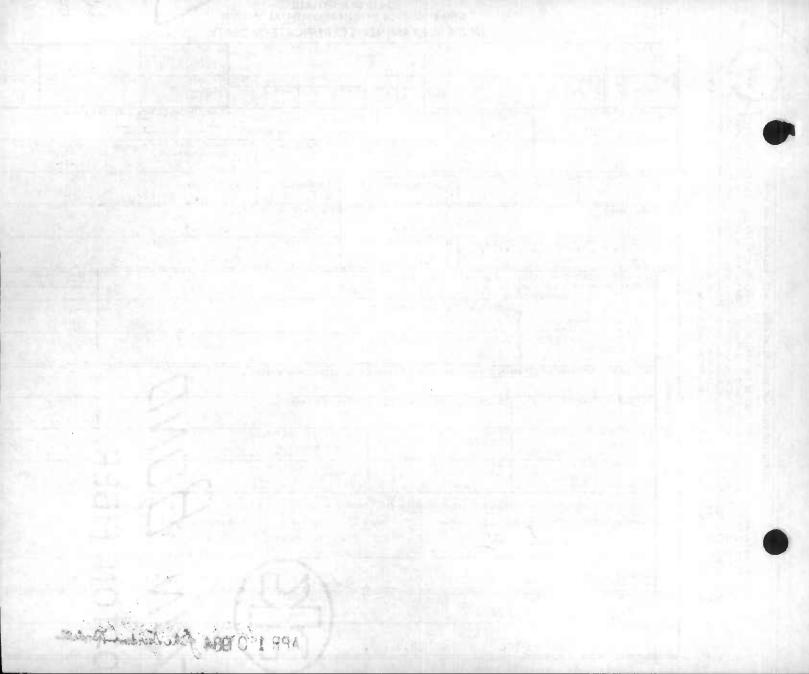
20M 4/82



1300 phus (ft. THE RESERVE OF THE PROPERTY OF Fallston, Dr. TO H Londmonth to 17 Public Parish Tarkanot Century Chief Ide Militarore In. S. L. Barrelling Light Principles of the Color of the Col



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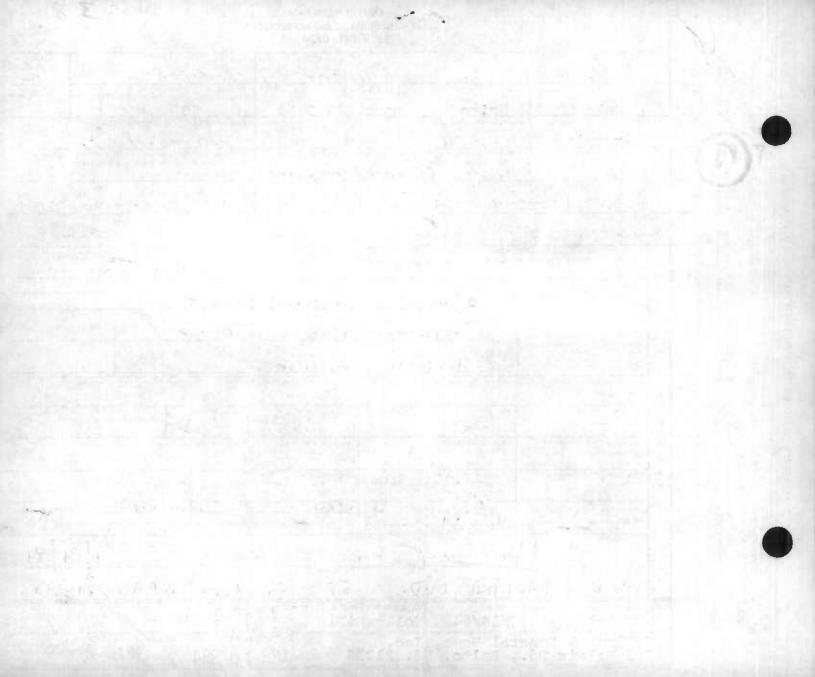


3		1.	FOR STATE REGISTRAR	STATE OF MARYLAND 8 4 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
	1. DECEASED NAME (TYPE OR PRINT)			MIDDI	E	DEIGER.	_	26. DATE OF DEATH MONTH	2b. HOer	
	6.	3 SE	LEONARD	4. RACE		TE OF BIRTH	/	6. AGE (IN YEARS LAST BIRTHDAY)	7 84	AR & SQUARE HAS
	(A)	1	MALE	WHITE		лн3 №7	15	69	MONTHS DA	YS HOURS MAN.
•	1 16	M	RTHPLACE (STATE OR FOREIGN OUNTRY) LRYLAND	76. CITIZEN OF WHA	MAR		ORCED 🔲	9. BALTIMORE CITY OR CO. HARFORD		MD.
201	by the filed	F	TY OR TOWN OF DEATH ALISTON	FALLS TO		eal Hosp	ital	120. USUAL OCCUPATION (TYPA TANTIAN OST OF WORK	ING LIFE) INDIVIST	O OF BUSINESS OR EMPLOYED
ID 2120	led in	130.	AL RESIDENCE (IF NURSING INMEDIA TATE OU	NTY 13c	CITY OR TOWN	134. INSIDE CIT		13e STREET ADDRESS	•	1087)
YLAN	shin 2 show		THER'S NAME	IMORE		YES 15. MOTHER'S	MAIDEN NAM		e Ave.	(ingsville
MAR	completion of the completion o	V	August	MIDDLE	Deigert		Emma.	WIDDLE	Tre	noer
ALTIMORE,	ond co		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b	SOCIAL SECURITY NO			ADDRESS		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALI	control of the death certification in the property of the prop	CERTIFICATION	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA 4280 Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse last. PART 2. OTHER SIGNIFICANT 196 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS ONT	A CONSEQUENCE OF THE PROPERTY	hoods Fix Ohr BUT NOT RELATED TIGN WAS PERFOR	MED.	YES NO	OSCIPLINARIO CALIFYES D	Dave Dings Used Ses of Death NO
	O HOSPITAL OR ATTENDING PHYSICIAN, intend by the hospital or otherding physician Designation of the conficultion of Chinese and the conficultion of the State Dept. of Health and Merital HyperCRTANT. If here 21 is marked or fem 18	MEDICAL	OR CONTRIBUTING CAUSE OF DE [IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AIWORK 220.1 certify that (1) this hosp sow the eccessed live or above (1) we) idid idid in 22b. SIGNATURE 22d. PHYSICIAN'S NAME (17PE	ATH HOUR A.M. P.M. 216 PLACE OF I (AT MOME, STREET, I otto) ottended incide ott) view the bbdy ofte	MONTH DAY YE NJURY FACTORY, OFFICE, FARM ETC Proposed from T deoth T WANTE TO THE STATE OF T	DEGREE 220 ADDRESS	TENDING H	city or Town death occurred an the date an MEDICAL STAFF DIRECTOR PHYSICIAN [d hour and from	STATE , thot (I) (we) lost
	DD	23a. I	URIAL, CREMATION, REMOVA Burial	23b. DATE 4-10-		OF CEMETERY OR CE		23d. LOCATION CITY OR TOWN	COUNTY	STATE
DI	BP IMH - 16 50M 4/82	24 F	INERAL DIRECTOR	4-10-	Morel:	and Memor	lal Pk	BALL IPARILSE P	SISTEMAT'S STA	Maryland
DF	(VRA 15, 4)	1	ASSAHN FUNC	Egl Home	BALTO	. MD 212	34	1 2 1934	aniam-il.	i i

The party of the party of the contract of The state of the s Mag 1 18-01-2 Indexe in M. second Mil. 19912 Test Lester Super magneter transmit believed STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)

much William Frater

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Shire ton 12, 1902 de ASS CONTRACTOR ASS. evels . on feet at the same was a state of the feet of the state of th Art-01-2350 Jencol C. Jonney, M. Horsewill Mr. Sand True Con, Hardon J. Mary Land no fractionaria tente militaria de la compania del compania del compania de la compania del compania del compania de la compania de la compania del West Is a part of the state of

DEPARTMENT OF HEALTH AND MENTAL HYGHENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWNXX WONIH 20. DATE 2h HOUR LTYPE OR PRINTI ESTI-1984 St. Paul DEATH MATED Freeman 4-5 6. AGE (IN YEARS | IF UNDER 1 YR. 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY) 4:15 PRONOUNCED 1898 1984 86 DEAD p. M 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED PA NEVER MARRIED FOREIGN COUNTRY) USA Florida WIDOWED -DIVORCED Harford County, O CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Minister Church Harford Memorial Hospital Harve De Grace JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY In STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1405 W. Old Phila. Rd. 21914 Cecil Charlestown Md. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE Silas Freeman Parthinia 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) 16/1-12-8075 Bennie T.S. Freeman same as above 20 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, DI RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Blunt Trauma to Chest IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARTONIN, 21201 PRIOR TO BURIAL, YES XX NO 21b. TIME OF INJURY HOUR XXX MONTH DAY YEAR 21a EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOP driver in auto/fixed object impact CONTRIBUTING CAUSE OF DEATH 1210P.M. 4-5 1984 If LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) WHILE AT WORK XX 98 S. Main St., Port Deposit, Harford Co., Md. Street Autopsy XX 22a I certify that I took charge of the remains described above, held an Inspection and in my opinion Accident XX Suicide Homicide Undetermined manner Natural causes TITLE (SPECIFY) DATE MD Assistant MEDICAL EXAMINER 4-6-84 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn Street 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY STATE Pa. Burial Chestnut Grove Cemetery West Chester BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DE L'AUTONNE **DHMH - 17** Arnold W, Beard 353 Fountain St. Havre ded Grace (VR A15 ME (5) 20M 4/B2

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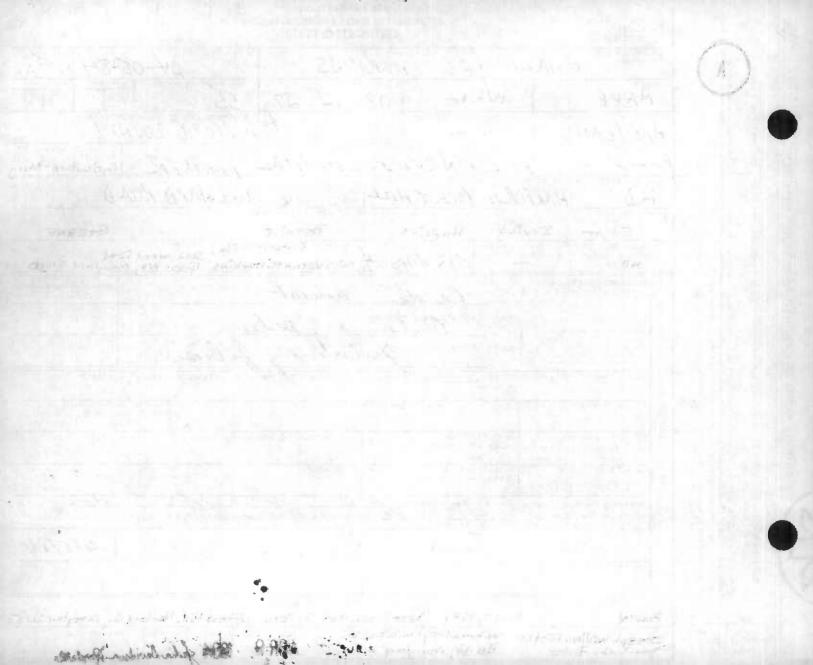
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USUAL R	esidence (if in nu Eland	rsing home or other in 136 COUNTY Harford	INSTITUTION, GIV	13c CITY OR TOWN Edgewood	13d. INSIDE CIT YES 🔀	TY LIMITS? 13e 5	STREET ADDRESS 1732 Deerw	ood Cou	rt 210.	40
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23a.BUR1/		REMOVAL 23b DAT		231. NAME OF CEME 184 BelAir Me	ERY OR CREMATO	- (LOCATION CITY OR TOWN Bel Air	Harko		Md.
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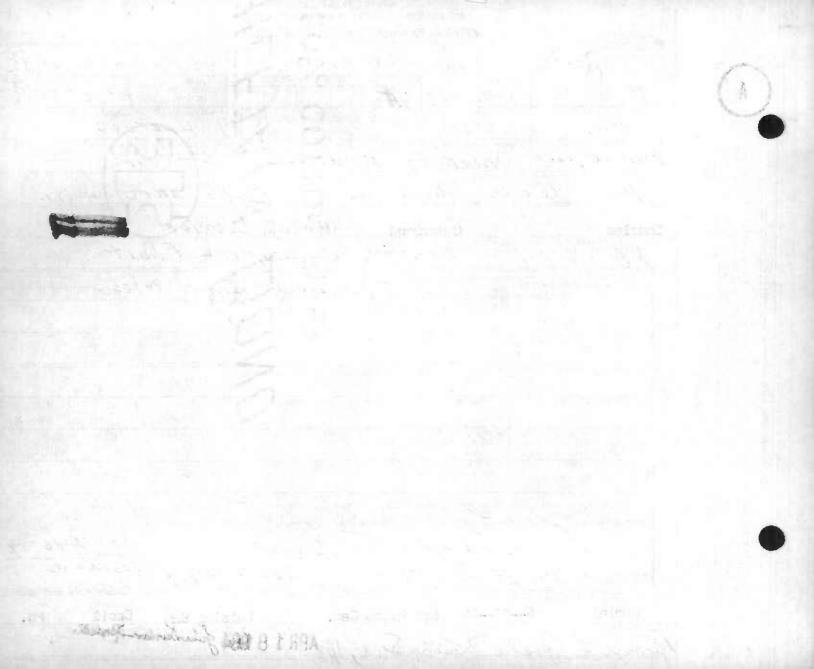
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(VRA 15, 4)



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111	FATHER'S NAME FIRST Charles Underwood Is, MOTHER'S MAIDEN NAME OLDER TO Weaver	
2 14	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 216-12-9845 HOSPICHAL CLOTH	
	Canditions, if any, which gave rise to immediate cause (a) stating the under- lying cause last. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	0. AUTOPSY?
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MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY AT WORK	STATE
	22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry, and in my apinion death resulted fram: Natural causes Accident, Accident, Suicide, Hamicide, Undetermined manner TIXLE (SPECIFY) M.D. DEFUS MEDICAL EXAMINER SIGNED	4-16-14
Bartimore, Maryland, 2	EXAMINER'S NAME LUIS E Renjel My ADDRESS 464 QRIQUE ST FLOOR	2 do
(Burial 418-84 Brookview Cem. 23d. IOCATION COUNTY	STATE Md.
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STATE

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REGISTRAR

Female

BIRTHPLACE (STATE OR FOREIGN

Baltimore

O CITY OR TOWN OF DEATH

Monkton

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William

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PART I. DEATH WAS CAUSED BY:

Conditions, if ony, which gave rise to immediate couse (a), stating the

underlying cause last

4 FATHER'S NAME

30. STATE

Margaret

4 RACE

136 COUNTY

A.A.

FIDDLE

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO LAST 20 DATE OF DEATH MONTH 2h HOUR 5:30 am April 5, 1984 Harris Dorothea 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR IE LINDER 24 MRS April 3.1908 White 76 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Harford County U.S.A. WIDOWED DIVORCED [] 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY D.M.V. Exec. Secretary 3606 My Lady's View Court SUAL RESIDENCE (IE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN Glen Burnie YES NO [2] 5 Ferdinand Ave. 21061 15 MOTHER'S MAIDEN NAME Smith Stricker Catherine (Daughter) ADDRESS 3606 My L:ady's 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT (IE YES, GIVE WAR OR DATES) View Court 213/09/9981 Mrs. Dorothy J. Linder APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [Mr. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) P.M. 21f. LOCATION CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED

19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 71m ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on 22h. SIGNATURE

Dr. Salvatore DeMarco

224 PHYSICIAN'S NAME (TYPE DEPRINT)

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY)

22e ADDRESS

STAFF

236 NAME OF CEMETERY OR CREMATORY 23d LOCATION

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

Apr 9.84 Buria1 New Cathedral 24 FUNERAL DIRECTOR

23b DATE

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Cem. Singleton Fuheral Home GlenBurnie, Md

ATTENDING

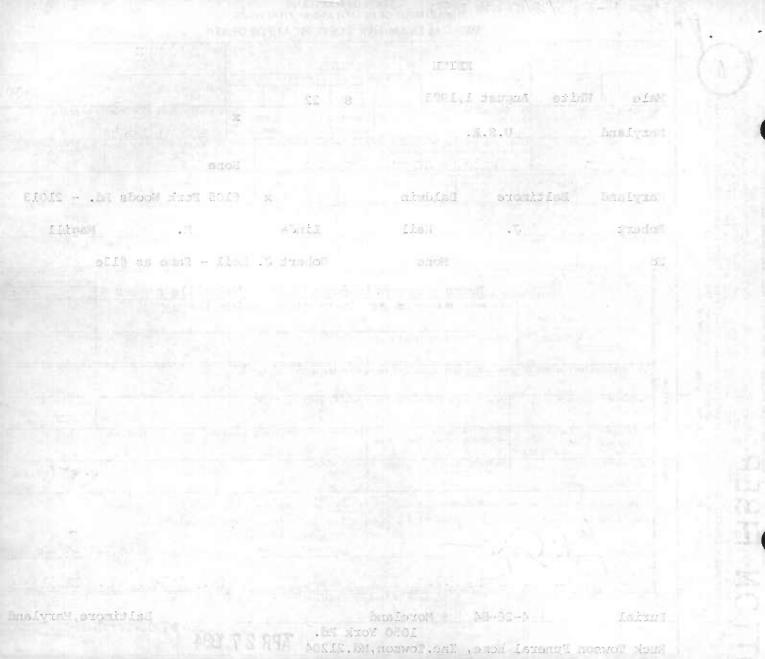
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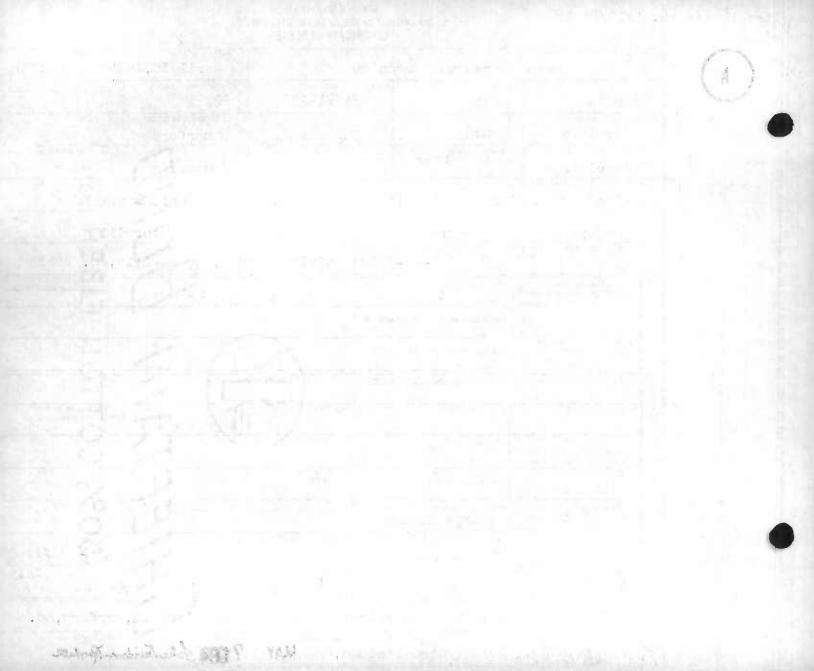
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1	Ro	bert			J.		eil	V.L.I	Linda		M.		Magi		
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other other of	10 CI	Vlesville	11. NAME OF JIF NOT IN SU	HOSPITAL, NURSIN	ADDRESS)	DR OTHER INSTITUTION	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIF	ON 126, KIND OF WORKING LIFE) INDUSTR	OF BUSINESS OR
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5 5 5 4 ¥ ₹		SURIAL, CREMATION, REMOVA	236 DATE 5/3/8			emetery or crematory ville Cemty	23d LOCATION NOTTISV	ille,Härfor	rd, Marie
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		22b SIGNATUR	POLY	>		MD	DEGREE	ATTENDING PHYSICIAN	MEDICAL	STAF		22c DATE	20-84/
/		22d. PHYSICIAN	N'S NAME TIPE	OR PRINT)			22e ADDRE		-0 0	-	44	,	

Highview Mem.

Jarrettsville, Md.

236. DATE

Burial

Gladden Kurtz

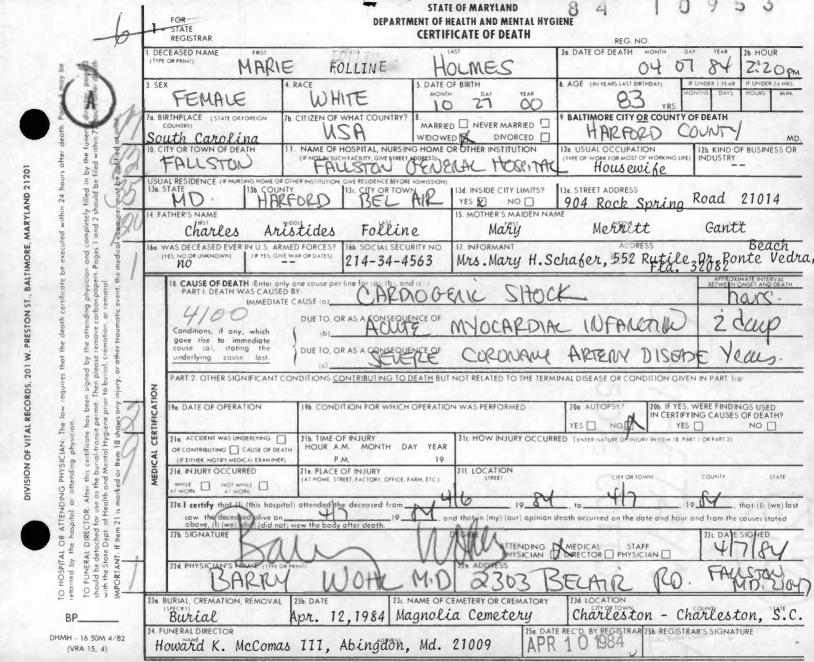
24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

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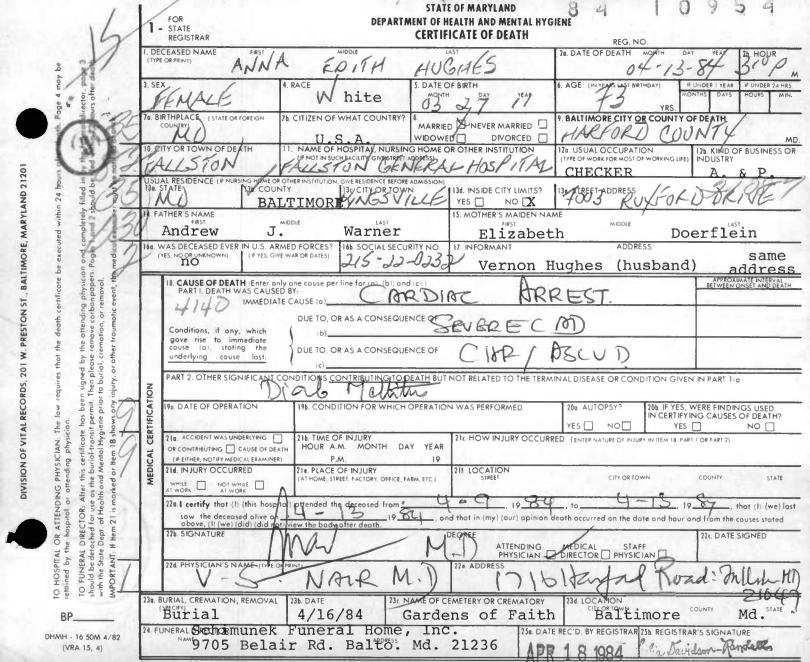
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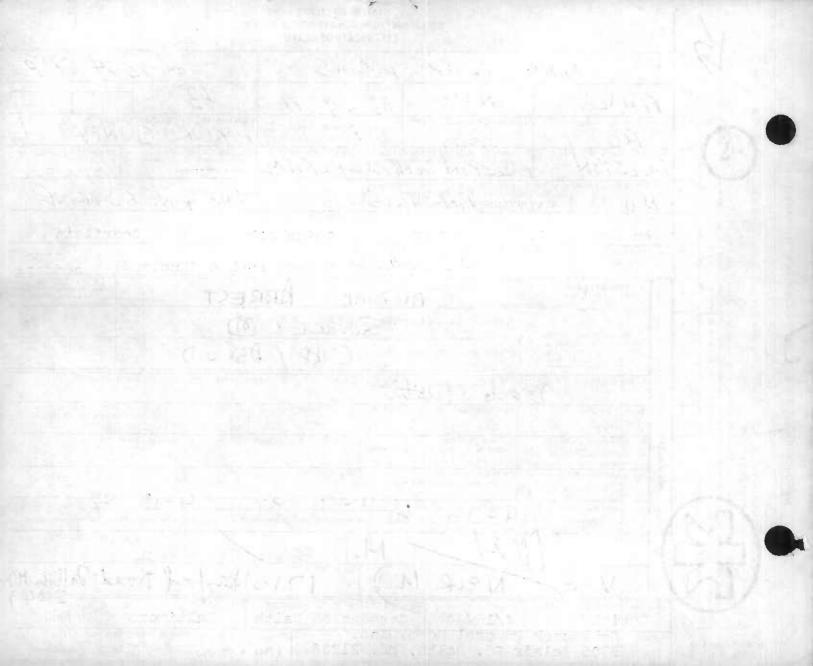
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William E. Johnson8521 Loch Raven Blvd.

FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

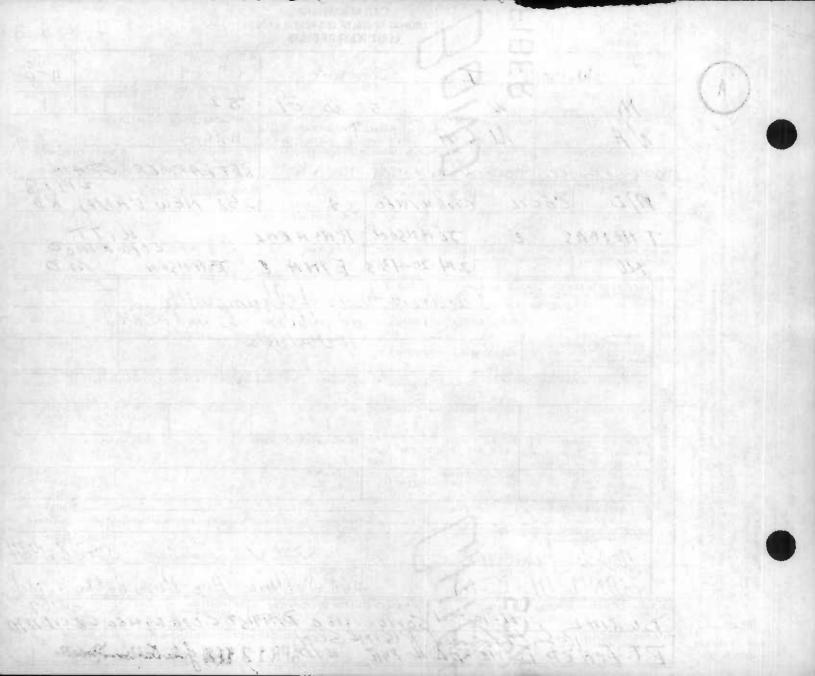
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Mayfield Johnson 19 84 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 2d HOUR DATE MONTH LAST BIRTHDAYL PRONOUNCED 5:34 26 03 81 DEAD 1984 YRS 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Md. USA WIDOWED X DIVORCED Harford County B CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Retired Havre de Grace Harford Memorial Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b COUNTY 13c. CITY OR TOWN 13d: INSIDE CITY LIMITS? 13e STREET ADDRESS Harford 839 Erie St. 21078 Md. HavreDeGrace YES X NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 18. GIVE PAGES 1 WITH FORM PM 1 IT. PAGES, AND 2 MIDDLE LAST MIDDLE FIRST James Peaco Annie Giles 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS DIVISION No Olivia Forney same as above APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ATION, OR REMOVAL IMMEDIATE CAUSE (0) Smoke and soot inhalation DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL - TRANSIT OF HEALTH AND MENTAL HYC RIAL, CREMATION, OR REMO Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BIJE YES . NOX D TO THE CH SHOULD BE L EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE CTO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALLLMORE, MARYLAND, \$\frac{7}{2}\text{pol} PRIOR TO BE 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY
HOUR AND MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) XOR. UNDERLYING 3:20 M. CONTRIBUTING CAUSE OF DEATH 810 84 House fire 21e PLACE OF INJURY 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK 829 Erie St. home Havre de Grace, Harford, Md 22a I certify that Ltook charge of the remains described alrove, held an Autopsy Inspection ond in my opinion deoth resulted form Homicide Undetermined manner TITLE (SPECIFY) DATE 4/9/84 Assistant EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto., Md. TYPE OR PRINT ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Union United Methodist Burial Harford BP Aberdeen **DHMH - 17** Arnold Beard 353 Fountain St. HDG, Md. Pia Davidson (VR A15 ME (5)) 20M 4/82

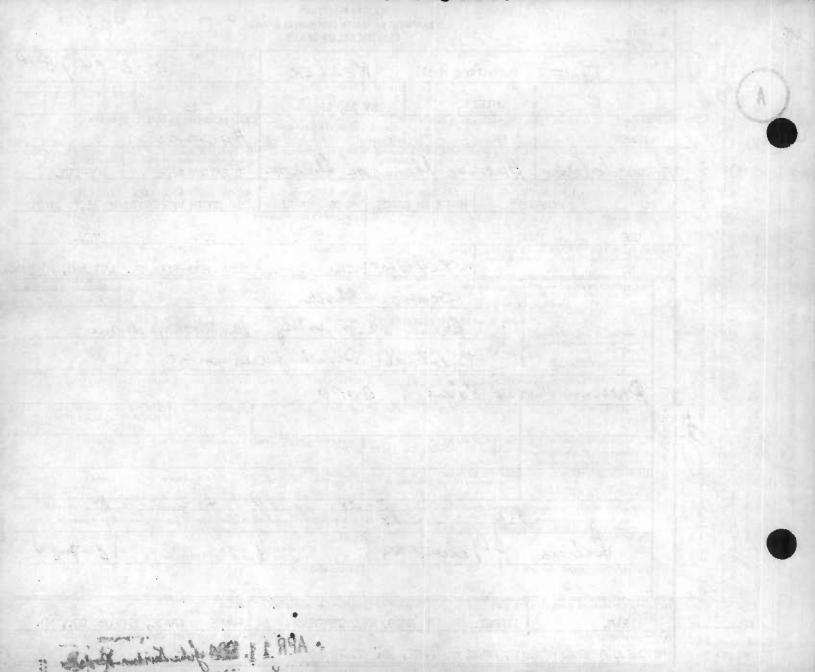
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FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYP CERTIFICATE OF DEATH	GIENE PEG. N	0 9 5 8
I. DECEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR 26 HOUR
(TYPE OR PRINT) William	T	Johnson	4-7-84	11 000
	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
M	W	MONTH DAY YEAR	52	YRS
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221 SIGNATURE	10	DEGREE ATTENDING	MEDICAL STA	FF DATE SIGNED
/ Mar World	n. MD	PHYSICIAN	DIRECTOR PHYSIC	CIAN [4/10,1909
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00114 11.	K+1V)	POOD, UN	180 17VC. 1	101/20 de Trans, MO
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STATE OF MARYLAND



STATE OF MARYLAND



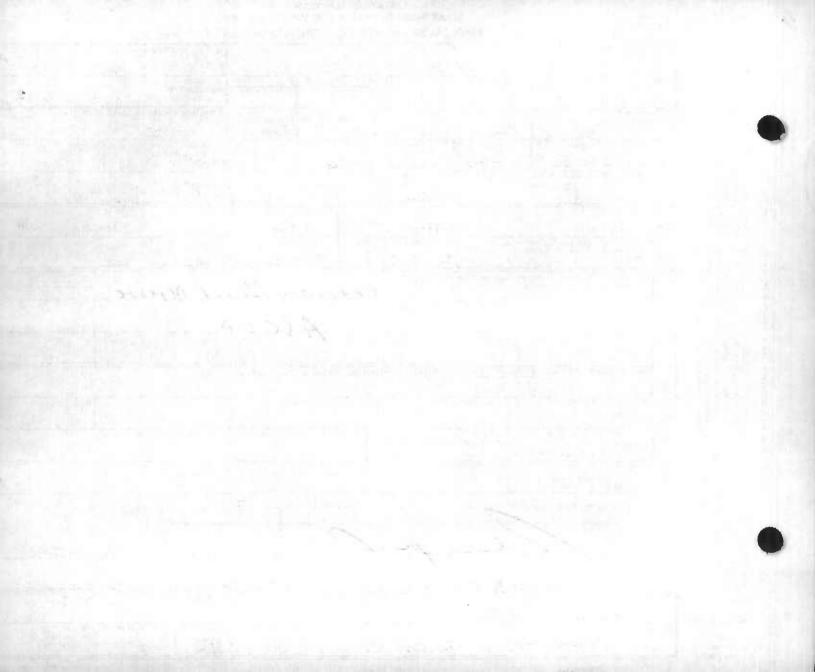
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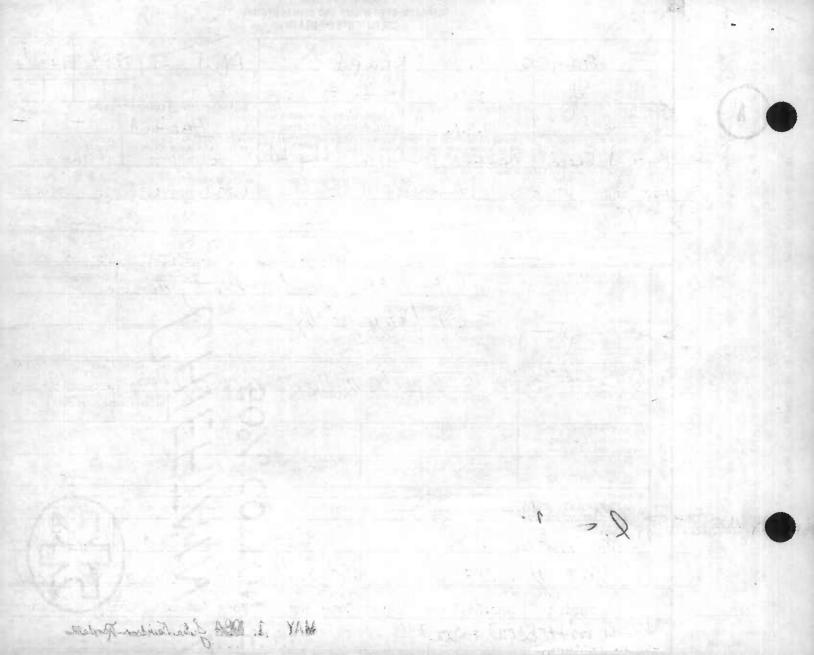
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. REA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANISIT PERMIT. PAGES.1 AND 2 SHOULD AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WATERCOME.	(1	ES, NO. OR UNKNOW	WN) (IF YES, GIVE Y	WAR OR DATES)	148	36 799	0	Ken	noth I	H K1	ipstein		amo	
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STATE OF MARYLAND

THE . A sales . I L sales a country bearing indica-THE UNITED HONORS CASE STREET, The second of th The state of the s

8,21abcdef,FilmG59 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO L DECEASED NAME 20 DATE KNOWN XT LIVEE OF PRINTS Herbert McCann DEATH MATED 19 84 Charles 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF LINDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED :04 caucasian Apr male. 16 DEAD 19 84 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED Texas U.S.A. WIDOWED [DIVORCED Harford County 128 USUAL OCCUPATION CTYPE OF WORK CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Internal Rev. Ser U.S. Govt Harford Memorial Hospital Harve De Grace OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d: INSIDE CITY LIMITS? 13e STREET ADDRESS Arlington Virginia NO [] 1000 N. Kentucky ATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Marcus Mc Cann Dachar Bertha 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) W.W.II ves 456-12-9387 Frances O. Mc Cann Arlington, Virginia 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL Drowning A BURIAL - TRANSII.
H AND MENTAL HYGIENE, C RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A E CERTIFICATION Arteriosclerotic Cardiovascular Disease 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE PORWARDED TO THE TO FUNEARL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT. 710 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING XX OR CONTRIBUTING | CAUSE OF DEATH : P.A. 4/27 subject recovered 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) WHILE AT WORK Perryville Pk, Harford Co., Water Inspection XX 220 I certify that I taok charge of the remains described above, held an Autopsy Homicide Undetermined manner Suicide DATE 4-28-84 Assistant MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smith, M.D. 111 Penn Street (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 73c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 4/29/84 Arlington Northern Virginia cremation 24 FUNERAL DIRECTOR A school D. Felygest 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 17 Sia Davidson Arlington Funeral Home Arlington, Virginia (VR A15 ME (5))

(-10-1927 Prepared to Coon Artichted

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME KNOWN X 20. DATE DAY 7h HOUR MONTH (TYPE OR PRINT) ESTI-DEATH MATED 4-2-84 JOHNE TI MCKINNEY 4 RACE S DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HANR LAST BIRTHDAY) PRONOUNCED 4-2-84 1:21 DEAD Male Black Jan 23 1928 56 YRS 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Jackson, Mississippi WIDOWED [DIVORCED Harford County
120. USUAL OCCUPATION (TYPE OF WORK 126 ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Supervisor bldg man darve_deGrace Harford Memorial Hospital UAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION 13d. INSIDE CITY LIMITS? 13a. STATE 13c. CITY OR TOWN 13e STREET ADDRESS 522 Revolution Street HavDegrace Maryland YESX NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDGLE MIDDLE LAST McKinney Jennie Mae Jones Robert 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Bernadine McKinney 522 Revolution Street 426-78-6581 WW 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION USED / 19s. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 3 SHOULD BE USED STATE DEPARTMENT OF HE , 21201 PRÍOR TO BURIAL, YES XX NO [71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 711. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 10 21e PLACE OF INJURY (AT HOME. III. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE NOT WHILE PAGE 4 SHOULD BE FORWARD

TO FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE (
BATTIMORE, MARYLAND, 21201 220. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian Undetermined manner Homicide Natural causes TITLE (SPECIFY) ACTUAL SIGNED_4-4-84 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 730 BURIAL, CREMATION, REMOVAL 736 DATE 73¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Maryland St. James United Cemetery HavDegrace BP Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR VISE REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Bullock Mortuary 556 Lewis Street 20M 4/82

1		- 1		EASED NAME	FIRST	1	MIDDLE , /		AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
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- 8	(AA)		3. SEX			4. RACE	44-14	S. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HE
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2	22 4	Z	USUA 130. S	L RESIDENCE (IF NUR TATE	136 COUN	OTHER INSTRUCTION	13c. CITY OR TOV	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	S		
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1 1	37 9	1		AS DECEASED EVER		AED FORCES?	166. SOCIAL SEC	JRITY NO.	17. INFORMANT	ADD	DRESS		
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0	W Sh	1				-Termina	Laa	1		Interior I	1)		

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

23c. NAME OF CEMETERY OR CREMATORY

MT. ERIN CEMETERY

DHMH - 16 50M 4/B2 (VRA 15, 4)

FOR

- STATE

REGISTRAR

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078

26APRIL84

236 DATE

23a. BURIAL, CREMATION, REMOVAL

BURIAL

24 FUNERAL DIRECTOR

HAVRE de GRACE, HARFORD CO.,

23d. LOCATION

REG. NO.

126. KIND OF BUSINESS OR

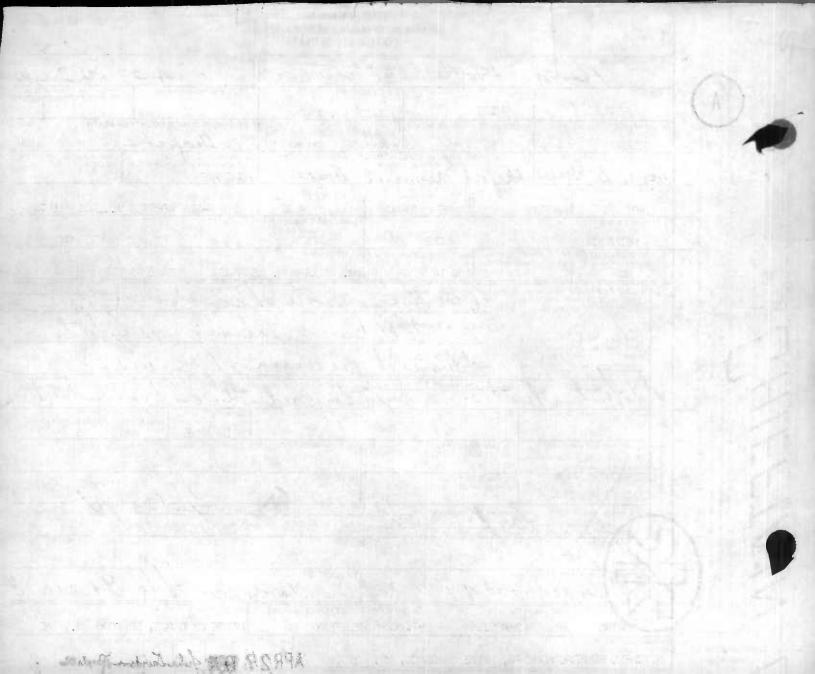
COUNTY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

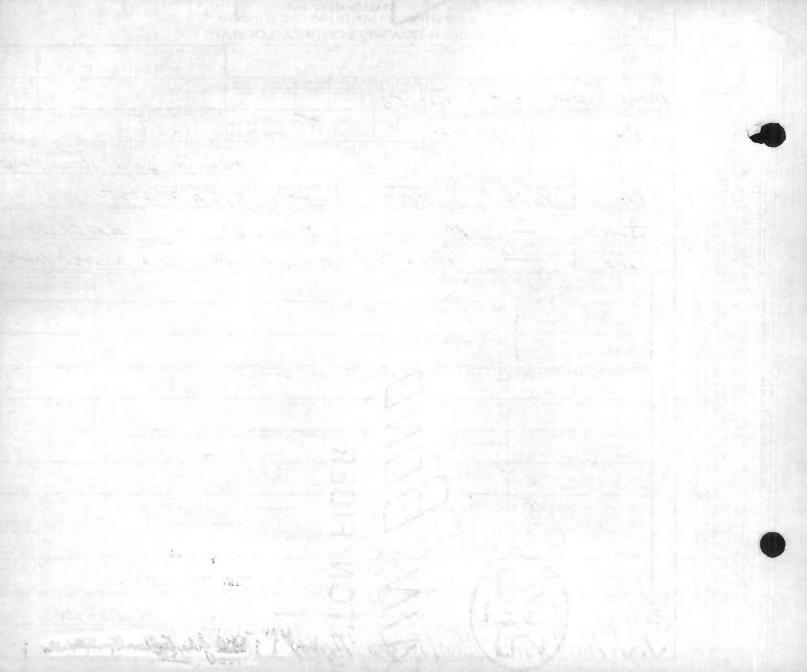
STATE

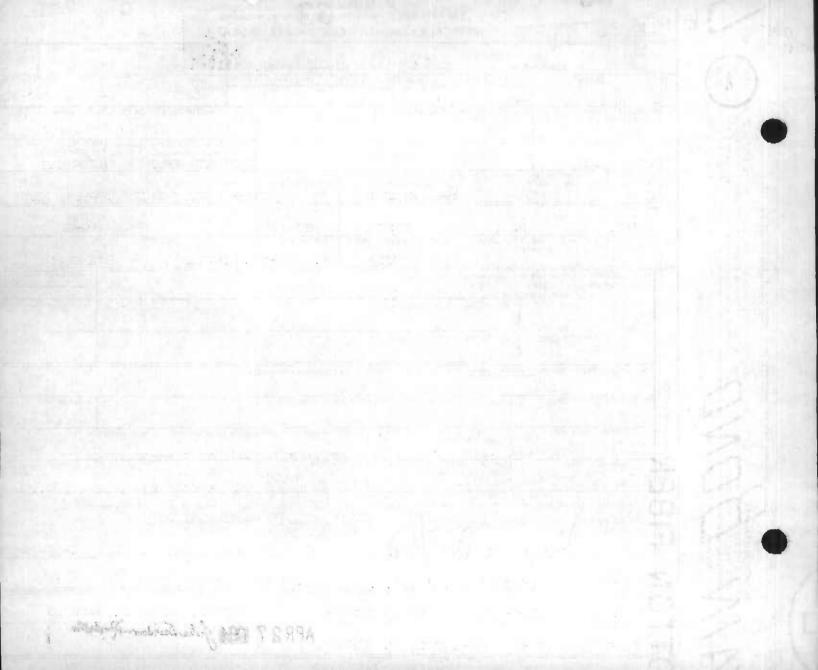
IF UNDER 24 HRS

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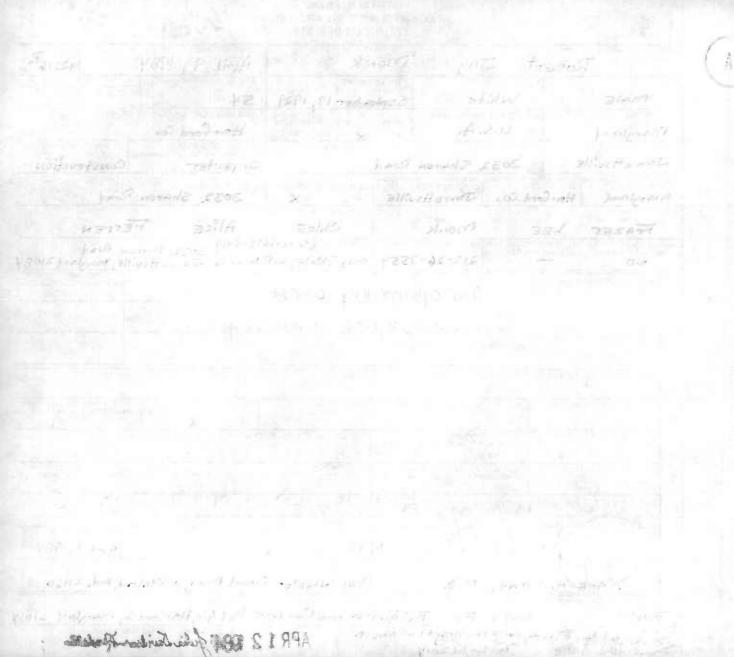


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1		REGISTRAR		ME	DICAL EXAM	INER'S	CERTIFICA	ATE OF DE	ATH R	G. NO.		
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3655	3	SEX	4 RACE	S DATE OF BIRTH	6. AGE (1	NYEARS IF UN	DER TYR. IF	FUNDER 24 HRS		MONTH	DAY YEAR	2d. HOUR
×289,₹		MALE	CAU.	OCT 10.		THDAY) MONT	HS DAYS	HOURS MIN.	PRONOUNCED DEAD	5	4 1984	4PM
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FLAY IS NECESSARY. TO THE FUNERAL DIF TA PAGE S FOR YOU PECHED WITHIN 72 SC 201 W. PRESTON	10	FOREIGN COUNTRY	1)	U. 5	·A	WIDOW		DIVORCED [Harford	County	7,	MD.
SE S	n	0. CITY OR TOW	N OF DEATH	II. NAME OF HOS	PITAL, NURSING HO	OME, OR OTH	IER INSTITUTIO		SUAL OCCUPATIO		175 KIND OF BU OR INDUSTI	ISINESS
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JRS / 8. GI		18 CAUSE	OF DEATH (Enter an	nly ane cause per line	far (a), (b), and (c).)					APPROXIMATI	
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AND A CH	3	death ress	ulted fram: /No	of course .	Manual 1	Mide X	Homicid	de . Und	etermined manner	□.		
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DEA STATE	No No	EXAMINER	S NIAME mml		111 11 2	0	2000	111 5		7		
TO MEDICAL EXAMINÉR: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNKEAL DIRECTOR: PAFIER DEATH, WITH THE ST		(TYPE OR P		omas D. Si	nith, M.D	•	ADDRESS	111 Pen	n St. Ba	alto.,MI).	
5774A	8		ATION, REMOVAL	236 DAJE	23t. NAME OF			CI	LOCATION TY OR TOWN	COL	JNTY SI	TATE
4444884	-	BURIA		3/1/84	BERMU	MAIN	CH. Ca	gr.	ASHTMP.	Your a	or PA	
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.)	1 DE	CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YE	AR 26. HOUR_
(A)	(IYPE	Rot	DELT	JAY	Wo	NK	April 9,	1984	12:16
	3 SE	х	4 RACE		5 DATE (& AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 I
ecto rs aft	-	MOJE	W'	hite		Ember 19, 1929	54	YRS.	DAYS HOOKS M
meral dir	C	IRTHPLACE (STATE OR FOREIGN OUNTRY)		OF WHAT COU	INTRY?	D NEVER MARRIED	BALTIMORE CITY		TH
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ILLIANS by the attending ph e remove carbon pa cremation, or rem or other traumatic		18 CAUSE OF DEATH. IERR PART I. DEATH WAS COMME. Conditions, if ony, whice gove rise to immediate couse to its stating the underlying couse los.	DUE TO	O OR AS A COM	NSEQUENCE OF	atic insuffici	ency.		
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thi BELink urial-transit Mental Hyg	_	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEET CONTRIBUTING TO CAUSE OF CHEET CAUSE OF CAU	F DEATH HOUR	E OF INJURY A.M. MONI P.M.	TH DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART I OR PA	RT 2)
After this the buring the and Minarked of	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		CE OF INJURY E, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WH COUNT	TY STATE
DIRECTOR:		22a I certify that (1) (his I saw the deceased alivation obove, (1) (we) with (1)	e on Marc	n 29	19 84 0	nd that in (my) (our) opinian DEGREE ATTENDING		224.	DATE SIGNED
TO FUNERAL D should be detach with the State D IMPORTANT: II		DI ANE		. W.S.	2 1	220 ADDRESS 721 Wheeler	MEDICAL STA DIRECTOR PHYSI	CIAN Pro	nd. 21160
2 143 5	230	BURIAL, CREMATION, REMO			23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
P DHMH-16 25M /RA 15, 4) 1/79	24 F	Burial UNERAL DIRECTOR TOWNED WILLIAM TOWNE	Ster Wi	11, 1984 Broaduss	A William	MEmorial Garde	2 DE NO H	tarton G. M	inglas 2



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

2		1.	FOR - STATE REGISTRAR			DEPART	MENT OF H	EALTH AND MENTAL HYO CATE OF DEATH		NO.	0 9	7
			CEASED NAME	FIRST	,	WIDDLE	- 1	NST .	20. DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR 25
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AND 212	filled in pould be	M	AL RESIDENCE (IF NURSI STATE aruland	134 COUNTY	. /	13c. CITY OR TOV		13d. INSIDE CITY LIMITS?		ss/zipcode		903
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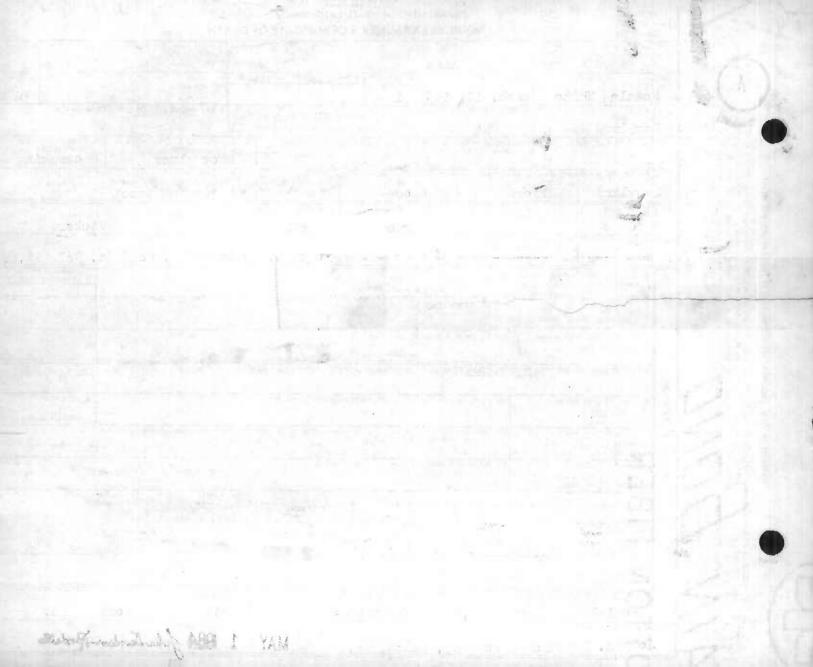
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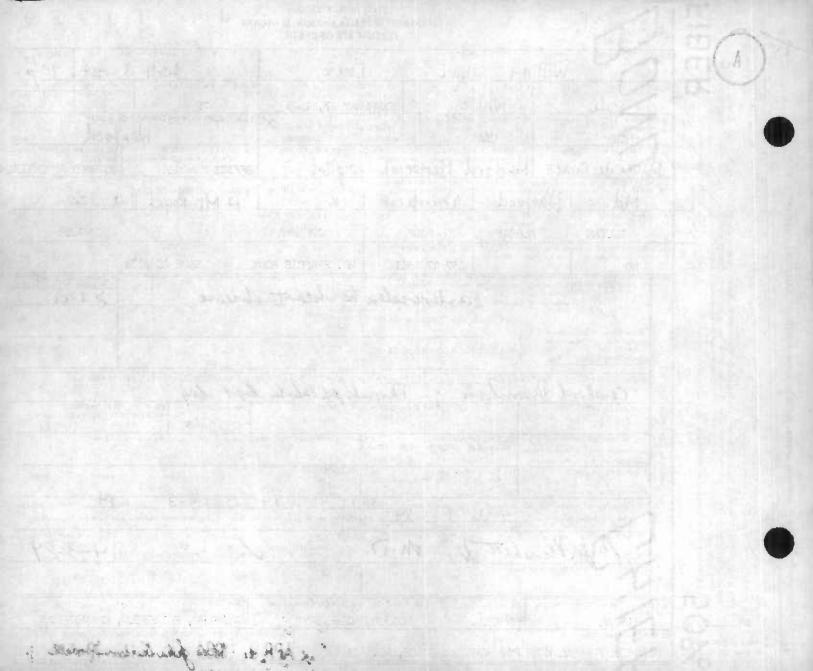
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STATE OF MARYLAND__ DEPARTMENT OF HEALTH AND MENTAL HYDIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME DATE KNOWN KO MONTH TYPE OR PR Joyce Pritt 4-25 19 84 Anne 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS 2d. HOUR PONDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED 8:30 Female White Feb. 10. 1958 DEAD 31 4-25 19 84 75. CITIZEN OF WHAT COUNTRY? TA BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIEDXX NEVER MARRIED FOREIGN COUNTRY) Maryland USA WIDOWED [DIVORCED Harford County IN CITY OR TOWN OF DEATH 17h. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK Shoe gluer Shoemaking Fallston Fallston General Morgan Street Harford 13c. CITY OR TOWN CHY LIMITS? Maryland Edgewood-NO I 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE George Harmon Vickers Esther A BURIAL TRANSI PERMIT PORT H AND MENTAL HYGIENE, DIVISION OF MATION, OR REMOVIAL 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES NO OR LINKNOWN) (IF YES, GIVE WAR OR DATES) 219-56-3071 Roger W. Pritt 212 S. Bond St. Bel Air.Md 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a). DUFTO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last 3 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND MIS PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT CERTIFICATION 190 DATE OF OPERATION 28 AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? YESXX NO [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR LINDERLYING X OR driver in auto/multiple vehicle collision 4-25 EXECUTE THE CERTIFICATE, WRITING THE PAGE 4 SHOULD BE PORWARDED TO PUNEAL DIRECTOR: PAGE 3 SHOULD AFTER DEATH, WITH THE STATE DEPARTING. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) NOT WHILE Rt. 24, Harford County, Maryland AT WORK road Autopsy XX and in my obinion 220. I certify that I tank charge of the remains described above, held on Inspection Accident XX Hamicide # Undefermined manner Swicide 1 death resulted fram TITLE (SPECIFY) DATE 4-26-84 Assistant 111 Penn Street EXAMINER'S NAME Dennis F. Smyth, M.D. 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE Burial April 28,1984 York Slateridge Delta Pa. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH** - 17 John H. Harkins PO Box 485, Delta, Pa. Aulia Davidson-Randall MAY (VR A15 ME (5)) 20M 4/82

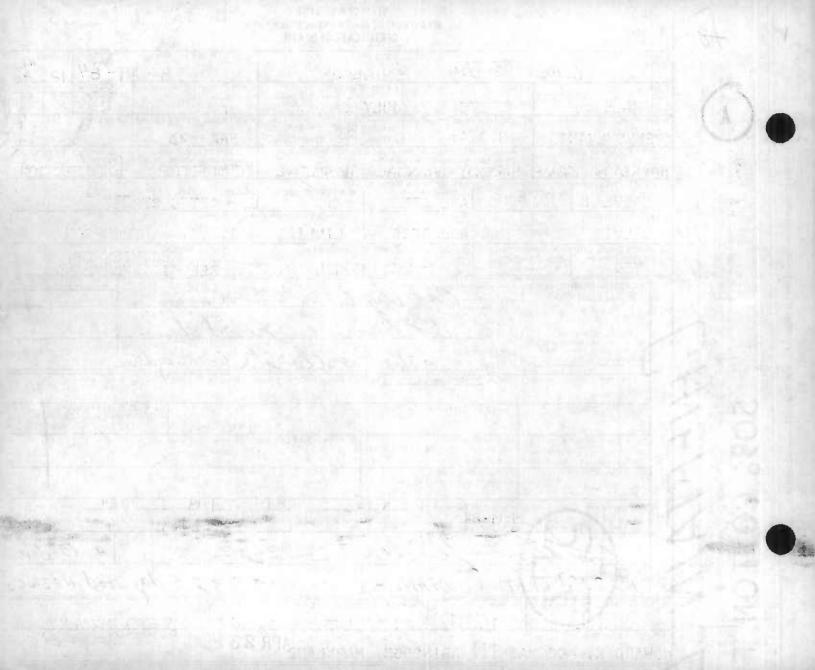


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		REGISTRAR CEASED NAME FIRST E OR PRINT!	MIDDLE		AST AST	REG. NO.	INTH DAY YEAR 26. HOUR
	3. SE		RY JOS	eph S. DATE C		6 AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YEAR IF UNDER 24 HRS
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(ND 212 24 hour could be in	USU 13 ₄	STATE 13 COU	INTY 136 CITY	OR TOWN	13d. INSIDE CITY LIMITS? YES 🚺 NO 🗌	130. STREET ADDRESS	Λ- 2:
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by the h	1)	224 POSICIANOS NAME (1111)	Dr 1 -		DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	120 Date SIGNED
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ВР	L	BURIAL, CREMATION, REMOVA	Apr. 24,1984	Harford	Memorial Barden	5 Aberdeen	Harford Marajand
DHMH - 16 50M 4/B2 (VRA 15, 4)		UNERAL DIRECTOR NAME FUNERAL HON	M. P. A. Aberder	ADDRESS A. 2100		5 184 guil	Davidon-Handelle

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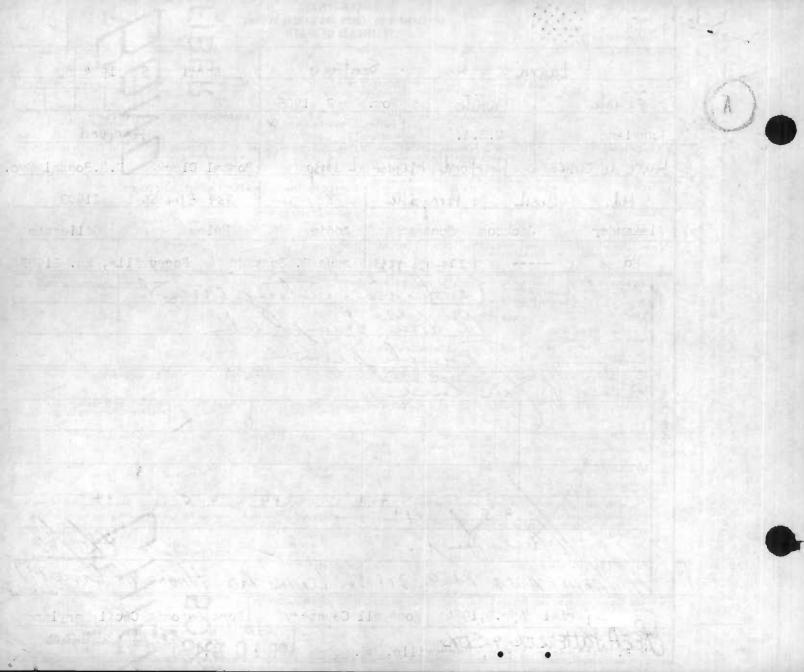
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	eoth seoth		CLYDE	BERTBAM	SAUNDERS	20. DATE OF DEATH MONTH	19-84 12 AM					
		3. SE	×	4. RACE WHITE	JULY 15 1905	6. AGE (IN YEARS LAST-BIRTHDAY) 78	MONTHS DAYS HOURS MIN,					
	人表人	7 70. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	10001 23 2003	9. BALTIMORE CITY OR COUNTY OF DEATH						
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1MORE,	on ond co	160	WAS DECEASED EVER IN U.S. AR YES. NO OR UNKNOWN) 1919-9	rmed forces? 166 social sec ve war or dates) 068-09-		ROZ BEL ALR	VIEW CT. MARYLAND					
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	by the hores by the hores by the hores by the horse by the beautiful to the beautiful	/	226. SIGNATURE	arefel	DEGREE ATTENDING HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 4-19-5c					
	TO HOSPIT, retained by TO FUNER, should be d with the Sta IMPORTAN		M.S.SHA	RAF ELDEA	NE, NO PORBO	X935 Edo	Jewood, 4d21040					
	BP		BURIAL, CREMATION, REMOVAL (SPECIAL) UNERAL DIRECTOR	01 1000	NAME OF CEMETERY OR CREMATORY RINITY LUTHERAN CL		RD MARYLAND GISTRAR'S SIGNATURE 679					
D	HMH - 16 50M 4/82 (VRA 15, 4)			MAS III ABÎNG	DON, MARYLAND	7 2 3 1984 TAR 25 REC	SISTRAR S SIGNATURE 1979					

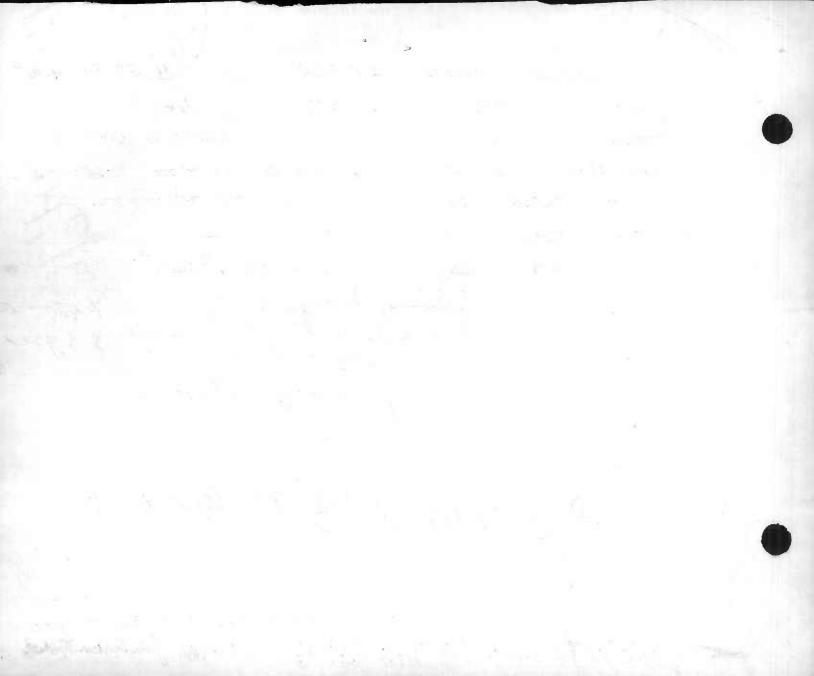


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1	PECEASED NAM	AE FIRST		MIDDLE		LAST		REG.		DAY YEAR	Zb HOU	
	TYPE OR PRINT)		RLES	THOMAS	SCON	ION, JR.	-03	20. DATE KNOWN OF ESTI- DEATH MATED			ZB HOU	
3. 5	EX	4. RACE	S. DATE OF BIRT		YEARS IF UN	DER 1 YR TIE I.	INDER 24 HRS.	2c. DATE	MONTH	DAY YEAR	2d. 2000	
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	BIRTHPLACE (Black STATE OR	DEC. 2	1948 35	YRS.			9. BALTIMORE CITY	4-18-		110-	
1	FOREIGN COUNTRY)				WIDOW	ED NEVER	MARRIED 🔲		_			
	CITY OR TOWN		II. NAME OF H	OSPITAL, NURSING HO				Harford DAL OCCUPATION IT	COUNTY	Y B. KIND OF B	USINESS	
1	berdeer	1	78 Swa	(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) 78 Swan St, OR INDUSTRY Various THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)								
	UAL RESIDENCE STATE	(IF IN NURSING HOME		13c. CITY OR TOWN		134 INSIDE CITY LI	MITS? - T3e. STR	EET ADDRESS				
	Maryland		ord	Aberdeen			0 □ 78	Swan St.,	21001			
14	FATHER'S NAM	E	MIDDLE	LAST		15. MOTHER'S FIRST	MAIDEN NAME	MIDDLE		LAST		
	Charl			conmon, Sr.		Ma		Elizabeth		urphy		
160	WAS DECEASE (YES, NO, OR UNKN	OWN) IF YES, GIV	RMED FORCES?	16b. SOCIAL SECU		17. INFORMAN		Balto. M	b 2122	1		
	NO			213-52-5	168	Mary C	abter,9	24 Ashbrid	ge Drei	#E		
	18 CAUSE C	OF DEATH (Enter of	inly ane cause per li	ne far (a), (b), and (c).)						APPROXIMAT BETWEEN ONS	TE INTERVAL	
	11/2			Arteriosc	leroti	c card	diovas	cular di	sease			
Г	72	Canditions, if any, which										
	gave r	gave rise to immediate (b)										
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20										YES K		
102	210 EXTERN	AL CAUSE WAS		OF INJURY	21c. HC	W INJURY OC	CURRED (ENTER	NATURE OF INJURY IN TIEM	18 PART I OR PART		NO []	
10	UNDERLYIN	G OR		.M. MONTH DAY YI	EAR							
20	21d INJURY	100	21e PLAC	E OF INJURY (AT HOME		ATION						
P.A.	WHILE [NOT WHILE	STREET, F	ACTORY, FARM, ETC.)	51	REET		CITY OR TOWN	COUN	TY	STATE	
						NV.						
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	SIGNATURE	11-00	homes in	- Children	M.			ICAL EXAMINER	SIGNED.	4-18-84	7	
1	EXAMINER'S (TYPE OR PR	NAME Mar	garita A.	Korell,M.	D.	ADDRESS	111 Pen	n Street				
230	BURIAL, CREMA	ATION, REMOVAL		23c. NAME OF	CEMETERY OF	CREMATORY	23d. LC	CATION OR TOWN	COUNTY	,	TATE	
1	D 2 - 7		4/23/84	St. Jam	es Unit	ted	TT	and de Class	ce.Hari	ford. MI)	
	Day Tar		4/-//-4	D 0 0 0 0000								
24	FUNERAL DIRE	CTOR	ADDRE	Aberdeen,		1250	DATE REC'D. BY	REGISTROR 256 PE	GISTRAR'S CUC	NATURE		

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	11.	STATE REGISTRAR			DEI AKIN		ICATE OF DEATH	REG.	NO.		
1		CEASED NAME	FIRST		MIDDLE	01	ASI	2a. DATE OF DEATH	MONTH I	511	b. HOUR
	0.00		HARD	1.05	Α.	J/	EDHENSJR.	6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	1.40
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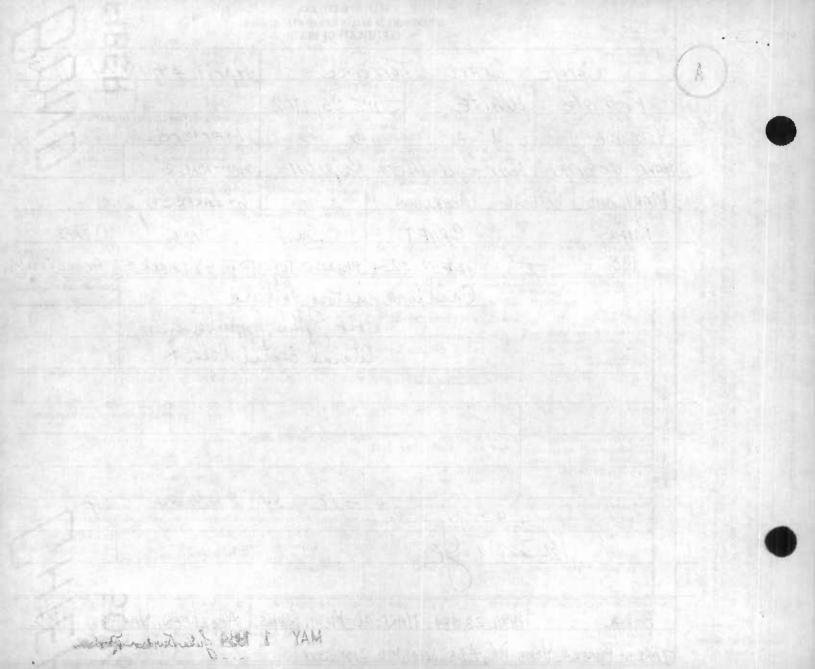
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Page 4 may be director, page 3 hours after death	3. SE	CEASED NAME FIRST OR PRINT) CASSIVE FEMALE RIHPLACE ISLATE OF FOREIGN	Craft 1 RACE White 10, CITIZEN OF WHAT COUNTRY	S. DATE OF BIRTH JUNE 25, 1902	20. DATE OF DEATH MONTH 24 6. AGE INVERSIAST BIRTHDAM YRS 9. BALTIMORE CITY OR COUN	
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gos, 201 W. PRESTON ST., BALTIMORE, quires that the deoth certificate be execusing by the attending physician and confine please remove carbon papers. Pages to burial, cremation, or removal.		II. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) Conditions. If any, which yow rise to immediate couse (a), studing the underlying cause lost.	VE WAR OR DATES) 22.7-0.7- Thy one course per C for Lo. DE RY. TE CAUSE (6) C CAUSE DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) C C C C C C C C C C C C C C C C C C	5234 HELEN O. TORK	RENCE, 69 BAKER Lyperteuson Lolder Minal Diseastor CONDITION OF	APPROCESSATE SPIREVALS RETWEETS CONCET AND DEATH
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TO MEDICAL EXAMINER: TO EXPENDENCE IN PROFE A SHOULD BE FORW FOR HUNGAL DIRECTOR: PARE DEATH, WITH THE STYLEND, 2'S BATTIMORE, MARYLAND, 2'S BATTI	230.BL	JRIAL, CREMATION, REMOVAL 2	3b. DATE	23c. NAME OF C	EMETERY O	R CREMATORY	23d. LOCATION	COUNTY	STATE
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DHMH - 17	24. FL	INERAL DIRECTOR	ADDRESS				REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATUR	E
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ATTENDANG oppital or or ECTOR Afre and for one or if an of Health or m 21 is mark		22a.1 certify that (I) (this saw the deceased of	s hospital) attended t	1 9 198	J	that in (my) (aur) opin	ion death occurred	on the date and ha		
HOSPITAL OR Inned by the h FUNERAL DIR wold be detected th the Store De-		226. PHYSICIAN'S NAME	TYPE OR PAS	7/		ATTENDIN PHYSICIAL 22. ADDRESS	S- Unit	STAFF PHYSICIAN [· Hdg.	Ta 210/
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John H. Harkins 600 Main Street Delta. PA

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